



Washington State Third Party Distribution

Vaccine Management Business Rules and Guidelines

March 2006



Washington State Third Party Distribution Vaccine Management Business Rules and Guidelines

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Executive Summary

The Centers for Disease Control and Prevention (CDC) initiated the Vaccine Management Business Improvement Project (VMBIP) to increase efficiencies and enhance vaccine distribution, inventory management and business practices for the National Immunization Program (NIP). The effort is expected to enhance the performance of the national childhood vaccine program by streamlining vaccine ordering and accountability and centralizing vaccine distribution at the national level.

Washington State was selected as a pilot site for VMBIP in early 2005. In Washington, the implementation of third party vaccine distribution will eliminate the state vaccine depot inventory and 35 individual local vaccine depot inventories. The changes will also relieve state and local staff of the responsibility for managing depot vaccine storage, handling and distribution. A single depot inventory, held with a third party distributor, will replace the current multi-tiered state and local inventory system. Vaccine will be distributed directly to providers from the third party distributor, and only individual clinic inventories will be maintained. Manual labor and infrastructure used to support the depot function at both the state and local level can be re-deployed to support other vaccine management and immunization quality assurance efforts.

The complexity of fiscal management is expected to decrease with the implementation of the new business practices that are part of VMBIP. CDC currently obligates vaccine funds through separate vaccine accounts to each of 62 Immunization Grantees. There is little flexibility for redirecting funds between grantees. At the state level, fiscal management is conducted based on purchasing to meet the CDC requirements, and based on distribution to meet state requirements. Inventory and fiscal management are complex and time consuming. The new system creates a single national vaccine account for each vaccine fund source. This allows CDC the flexibility of easily directing funding and vaccine to meet grantee needs. Vaccine distribution will be monitored against grantee spending plans and adjustments made to ensure vaccine availability to meet grantee needs. State fiscal management will decrease in complexity because Washington will pay the state portion of vaccine distributed in arrears to replenish vaccine that has been distributed to providers. The state will no longer manage a consumable inventory.

The primary change for providers is the direct shipment of vaccine to the provider from a third party distributor. Providers will no longer pick-up vaccine from local health departments. Health departments will no longer store and deliver vaccine to providers. Initially, vaccine ordering processes for providers will not change. Providers will submit orders as determined by the local health department. In the future, local health departments, in collaboration with DOH, will promote provider vaccine ordering through CHILD Profile Immunization Registry's Vaccine Management and Ordering Module.

The quality assurance role of local public health will continue much as it is today. Local health departments will enroll providers in the state childhood vaccine program and monitor provider participation in the program. Local health departments will manage the local vaccine supply by monitoring and approving all provider vaccine orders. They will provide quality assurance activities, oversee provider accountability, conduct and

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support provider and community education and training activities. In short, local health departments will continue their vital role of supporting best practices in vaccine management and immunization in their communities. The strong partnership and collaborative efforts of local health departments, the Department of Health and providers will continue to ensure that Washington children have access to vaccines recommended by the Advisory Committee on Immunization Practices (ACIP), and are protected against vaccine preventable diseases.

The Department of Health (DOH) engaged in a 12 month planning process to develop an implementation plan and guidelines for vaccine management using third party vaccine distribution. A Public Health Advisory Committee, representing 16 local health departments, assisted the DOH with planning and the development of the vaccine management business rules and guidelines. The VMBIP Public Health Advisory Committee and many other local health department representatives contributed to the development of the ***Washington State Third Party Vaccine Distribution Vaccine Management Business Rules and Guidelines***. These guidelines are intended to assist both state and local health department staff and providers in a smooth transition to and successful implementation of third party vaccine distribution.

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Participants in the Washington State Vaccine Management Business Improvement Project Public Health Advisory Committee:

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Special thanks to Marsha Fraser of Solutions at Work for her assistance with this effort.

In addition to those listed, the Department of Health acknowledges the participation of all local health jurisdictions that provided valuable input to the process. Virtually every local health department in the state participated in some way in the development of these Guidelines. Thank you for providing sound advice and the insight of practical experience to the development of guidelines that will support and enhance our work in protecting Washington's children against vaccine preventable diseases.

* Denotes members of the Third Party Distribution Training Committee

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**Vaccine Management
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ORDERING

**Washington State Third Party Distribution
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Business Rule	Order Approval: Authority, Process, and Appropriateness
<p style="text-align: center;">Ordering</p>	<ul style="list-style-type: none"> • LHJs have the authority for approving provider orders within their counties. • When LHJs receive provider orders, the shipping address and instructions should be verified to ensure accurate delivery. • LHJs will review provider orders for appropriateness (timing of ordering, size of order, antigens ordered etc.). • LHJs may also review provider compliance with submission of accountability reports when determining how to process the order. • The LHJ may approve orders as submitted by providers or hold the order for review. If the LHJ determines that the order is incorrect, or not appropriate, the LHJ will hold for review, discuss the order with the provider, and adjust if necessary. • Once the LHJ approves the order, the LHJ it will be grouped with other provider orders for the same time period, and submitted to DOH for processing. LHJ approval of the order is assumed when the order is submitted to DOH for processing.

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Business Rule	Principles of Provider Participation
<p style="text-align: center;">Ordering</p>	<ul style="list-style-type: none"> • LHJs are the point of contact for provider enrollment and participation in the state childhood vaccine program. • Providers must have a current, signed VFC Provider Agreement in place to participate in the childhood vaccine program and order vaccine. • LHJs must be contacted by providers in order to establish a VFC Provider Agreement. • LHJs are the point of contact for all provider quality assurance and accountability activities. • By signing the VFC Provider Agreement, the provider agrees to adhere to the vaccine accountability and quality assurance requirements of the agreement. • Providers must ensure accurate shipping information is updated in the VFC Provider Agreement anytime a change occurs. (e.g. correct current ship to address, any special shipping instructions, receiving hours, and contact information). • Availability of vaccine brand(s) will be determined by DOH and identified on the standardized order form. • In the event of a shortage of a specific brand of vaccine; under the guidance of the CDC and/or DOH, distributors may distribute any available product.

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Business Rule	Provider Ordering Frequency and Forms
<p style="text-align: center;">Ordering</p>	<ul style="list-style-type: none"> • All orders shall be submitted on a hard copy or electronic version of the standardized vaccine order form provided by DOH. The order forms may be customized by LHJs to include LHJ logos and contact information. • Providers should order according to the LHJ designated interval and include all needed antigens at that time, using a DOH approved vaccine order form. • Providers will order on a regularly scheduled basis determined by their local health jurisdiction. • Primary ordering schedules are: twice per month, monthly or quarterly.

Business Rule	Establishing Provider Ordering Frequency: LHJ Role
<p style="text-align: center;">Ordering</p>	<ul style="list-style-type: none"> • LHJs should evaluate provider storage capacity and usage patterns in determining provider ordering frequency and pattern (e.g., an LHJ with an established pattern of providers submitting orders by the 5th of the month). • In all instances, LHJs shall establish and approve provider ordering frequency, pattern and inventory standards and monitor provider adherence to them.

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Business Rule	Establishing Provider Ordering Pattern, and Frequency: Provider Role
Ordering	<ul style="list-style-type: none"> • Reviewing patient records from the same months in prior years can be used by providers to help determine the amount of vaccine they will administer during a given ordering interval. • The monthly doses administered, or vaccination administration report can also be used to help determine the monthly need for each antigen. • Provider orders should include only enough vaccine to maintain the correct level of reserve stock (a 30 – 45 day supply) and the vaccine they will administer during the designated order interval (e.g., providers ordering monthly will determine how much vaccine will be administered during a month, and what is needed to maintain a 30 day reserve stock). • Inventory on hand must be calculated to determine the overall vaccine need and must be submitted at the time an order is placed. • A brief description of the order determination process is: Reserve stock target + doses expected to be administered during the interval, - doses in inventory = approximate order size. • Providers should note any special circumstances (kindergarten round-up, special clinic etc.,) resulting in an increased need for vaccine.

Guidelines	Calculating the Provider Order	
Calculation	Data Needed to Calculate Order	Example (monthly order frequency; 30 day reserve stock)
	Number of doses needed to maintain reserve stock (by antigen)	100 doses
<i>Add</i>	Number of doses expected to be administered during the interval	100 doses
<i>Equal</i>	Total Vaccine Need for Interval	200 Doses
<i>Subtract</i>	Inventory on Hand	120 Doses
<i>Equal</i>	Vaccine To Order	80 Doses
Apply Calculation To Each Antigen to Determine Order for Each Antigen		

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Guidelines	Provider Ordering Frequency and Inventory Maintenance	
Provider Size Based on Annual Usage (all antigens)	Order Frequency Category	Number of Doses Per Month
Extra High Volume >5000 doses year	Monthly / Twice monthly (12 – 24 times per year)	417 and above. Storage need 417 doses and above (2 to 4 week supply)
High Volume 2000-5000 doses per year	Monthly (12 times per year)	170 -417 Storage Need: 170 – 417 doses
Medium Volume 500 – 2000 doses per year	Every other month (6 times per year)	42 – 170 Storage Need: 84 – 340 doses
Small Volume <500 doses per year.	Every third month (4 times per year)	3 - 42 Storage Need: 9 – 126 doses
Note: LHJs can recommend adjusting provider order frequency and size based on special circumstances – examples include: <ul style="list-style-type: none"> Providers with low monthly usage needs and insufficient storage space to maintain a 3 month inventory may order more frequently than every 3 months; High volume clinics with insufficient storage capacity may order twice per month. 		

Business Rule	Exceptions to Established Provider Ordering Frequency
Ordering	<ul style="list-style-type: none"> LHJs can allow exceptions to the established schedule and pattern under special circumstances when necessary to prevent the disruption of immunization services. Exceptions resulting in more vaccine orders than in the established provider ordering schedule will be considered emergency orders. LHJs will follow-up with providers on all emergency orders with either a telephone or in-person quality assurance consultation to remediate the conditions which lead to the emergency order.

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Business Rule	Frozen Vaccine Eligibility and Ordering
<p style="text-align: center;">Ordering</p>	<ul style="list-style-type: none"> • Frozen vaccines will be ordered on the same order form using the same ordering pattern and frequency of all other vaccines. • LHJs will continue to certify providers for eligibility prior to their ability to order and receive frozen vaccine. • As part of the certification, LHJs will assess freezer equipment; identify a primary and back-up responsible for vaccines, and train provider staff on correct receiving and storing of all vaccines. • The certification form for frozen vaccines will be completed by the LHJ and submitted to DOH.

Business Rule	Provider Inventory Maintenance
<p style="text-align: center;">Ordering</p>	<ul style="list-style-type: none"> • A physical inventory count of the number of doses of each vaccine in inventory must be submitted at the time a provider submits an order. The inventory on hand can be submitted on the vaccine order form, or entered in the Immunization Registry Vaccine Management and Ordering Module. • Provider orders should be placed when they have a vaccine inventory equivalent to a 30 – 45 day supply. • LHJs will work with providers to determine the best inventory levels to maintain based on storage capacity, recommended ordering frequency, and other factors deemed appropriate by the LHJ. • DOH will provide consultation to LHJs regarding inventory management upon request of the LHJ.

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Guidelines	Assessing the Appropriateness of An Order
<p style="text-align: center;">Ordering</p>	<p>To determine whether or not a provider order is within reasonable parameters, LHJs are encouraged to:</p> <ul style="list-style-type: none"> • Review provider historical ordering / usage data. • Review provider inventory reports when orders are submitted. • Compare existing inventory with doses administered data or typical usage data for the order period (e.g., 1 month for providers ordering monthly, 3 months for providers ordering quarterly etc.). • Know the number of doses of reserve stock each provider should maintain to have a 30 – 45 day supply on hand. • Identify any unusual circumstances warranting an increased order. • Review provider success with vaccine storage and handling quality assurance. • DOH is available for consultation regarding the appropriateness of provider orders.

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Business Rule	Emergency Orders
<p style="text-align: center;">Ordering</p>	<ul style="list-style-type: none"> • Emergency ordering should be the exception. (e.g., provider has a vaccine loss due to a power-outage) • Emergency orders can be processed and shipped within 24 hours of placement with the distributor. • To expedite the order and to assure prompt processing and delivery, providers must contact their LHJ immediately about the emergency need. • LHJs will contact DOH immediately regarding any emergency order and work together to promptly process the order. • LHJs will follow-up with providers on all emergency orders with either a telephone or in-person quality assurance consultation to remediate the conditions leading to the emergency order. • Repeated emergency orders due to inadequate order planning, storage and handling issues, or other vaccine quality assurance problems may result in an LHJ site visit for consultation and remedial or possibly corrective action. • DOH is available upon request to support LHJs regarding emergency order follow-up.

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Business Rule	Provider Order Placement Methods
<p style="text-align: center;">Ordering</p>	<ul style="list-style-type: none"> • Provider orders will be placed with the local health jurisdiction for approval and processing. • LHJs will establish an order placement method for providers. • Examples of provider ordering methods include: <ul style="list-style-type: none"> • Fax • Regular mail • Phone • Immunization Registry Vaccine Management and Ordering Module • Most providers in a local health jurisdiction service area will use the same ordering methodology. LHJs will assess provider capacity when determining methodology for providers. This may result in some variation among provider ordering methods within a local health jurisdiction. • LHJs will continue to monitor and approve provider orders and provide quality assurance related to order management regardless of the method used by the provider to place the order. • Providers will continue to meet all vaccine quality assurance and accountability requirements as described in the provider agreement. <p>* Note: Individual hard copy faxes of provider orders to DOH may require up to 2 additional days for order processing. This additional time must be incorporated into provider and LHJ order planning to ensure immunization services are not disrupted.</p>

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Business Rule	Granting Provider Access to the Immunization Registry Vaccine Management and Ordering Module
Ordering	<ul style="list-style-type: none"> • LHJ approval is required before a provider can access the Immunization Registry Vaccine Management and Ordering Module. • LHJs are to approve provider use of the Immunization Registry Vaccine Management and Ordering Module on a case by case basis. • LHJs will establish that providers have met the following criteria before approving they be granted ordering permission through the Immunization Registry Vaccine Management and Ordering Module: <ul style="list-style-type: none"> • Minimum of 3 months without a vaccine loss incident • Consistent timely submission of monthly accountability reports • Signed provider agreement in place • Agreement to take responsibility for confirming and updating all shipping information as necessary to ensure correct vaccine delivery • Adequate technology, including computers and internet access to support the use of the Immunization Registry Vaccine Management and Ordering Module • Provider completion of training on Immunization Registry Vaccine Management and Ordering Module • Current CHILd Profile Immunization Registry Information Sharing Agreement • LHJs will submit the provider information to DOH confirming that providers have met the participation criteria, and DOH will grant access to the Immunization Registry Vaccine Management and Ordering Module • LHJs will monitor and approve provider orders and provide quality assurance related to vaccine ordering and accountability regardless of how orders are placed.

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Business Rule	LHJ Processing and Submission of Provider Orders
<p style="text-align: center;">Ordering</p>	<ul style="list-style-type: none"> • LHJs will submit provider orders and to DOH in the following ways: <ul style="list-style-type: none"> • The LHJ enters approved individual provider orders in the Immunization Registry Vaccine Ordering and Management Module • Submitting an electronic file of individual provider orders to DOH in a DOH approved flat file format containing all relevant data fields. The file may be: <ul style="list-style-type: none"> • Generated by an existing LHJ software application • Created in an excel spreadsheet • Approving and electronically forwarding orders entered by providers via the Immunization Registry Vaccine Ordering and Management Module • Faxing approved individual provider orders to DOH.* • LHJs will collect provider orders and send them to DOH for processing based on the time-frame established between DOH and the LHJ. • DOH will work with each LHJ to establish the time-frame within which orders will be submitted to DOH based on the best fit with provider ordering patterns in each county. <ul style="list-style-type: none"> • Examples: <ul style="list-style-type: none"> • LHJs serving a large number of providers may collect provider orders and submit them to DOH daily. • LHJs serving a small number of providers may collect provider orders and submit them to DOH one time per month • DOH will process orders on a daily basis. • DOH will work with LHJs to assure that provider orders are submitted and processed by DOH as timely as possible. <p>* Note: Individual hard copy faxes of provider orders to DOH may require up to 2 additional days for order processing. This additional time must be incorporated into provider and LHJ order planning to ensure immunization services are not disrupted.</p>

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**Vaccine Management
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Delivery and Receiving

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Business Rule	Principles of Provider Receiving
<p style="text-align: center;">Delivery and Receiving</p>	<ul style="list-style-type: none"> • LHJs will monitor the ordering, receipt and quality assurance of providers for all vaccine made available through the state childhood vaccine program for all participating providers. (e.g., routine, emergency, central pharmacy, satellite clinic, special clinics etc.,) • All vaccines ordered through the LHJ will be distributed directly to the provider office based on the shipping information provided to the LHJ by the provider and contained in the VFC Provider Agreement. • A trained staff person must be available to receive and store vaccines when they are received. • Each provider office shall have at least one primary and one back-up staff person fully trained in vaccine storage and handling, including vaccine ordering. • Contact information for the designated vaccine storage and handling staff should be posted with receptionists and/or staff who typically receive UPS and FedEx shipments. • Provider offices shall post signage directing UPS and FedEx delivery personnel to not leave vaccine or perishable deliveries unattended. • All staff anticipated to be in a position to monitor UPS and FedEx shipments must be trained to ensure that vaccine deliveries are received by the appropriate person, and stored immediately. • Vaccine losses resulting from the failure to appropriately store vaccine upon delivery will result in an LHJ consultation and remedial and possibly corrective action for the provider office.

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Business Rule	Receiving Practices
Delivery and Receiving	<ul style="list-style-type: none"> • Arrange to have the designated vaccine storage and handling person or their back-up notified immediately when vaccine shipments are delivered. • When vaccine arrives, the shipping invoice should be reviewed, and vaccines received in the shipment carefully compared with what is listed on the inventory sheet: <ul style="list-style-type: none"> • Lot numbers should match • The number of doses and antigen types should match • Expiration dates should match, and expiration dates should be at least 6 months from the date of receipt • The package itself should be in good shape without evidence of damage. • Contact the local health department immediately if: <ul style="list-style-type: none"> • Any of the above criteria are not met (mismatched lot numbers, short expiration dates, etc.,) • There are any concerns that the cold chain was not maintained during shipment (e.g., frozen vaccine received with no dry ice) • LHJs will contact DOH to follow-up with the Distributor regarding problems with vaccine orders.

Business Rule	Timeline for Delivery to Providers
Delivery and Receiving	<ul style="list-style-type: none"> • LHJs may work with providers to determine the most appropriate inventory level to maintain to accommodate the delivery schedule and ensure adequate storage and preparation for receiving the vaccine. • Vaccine delivery will typically occur within 10 -14 days of the time providers place their orders with LHJs. Vaccine delivery may occur as soon as 3-5 days of order placement. • Once the pattern of vaccine delivery has been established for the office, office staff may want to mark calendars to indicate the importance of closely monitoring UPS and/or FedEx shipments for vaccine deliveries.

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Business Rule	Monitoring the Status of Vaccine Shipments
<p style="text-align: center;">Delivery and Receiving</p>	<ul style="list-style-type: none"> • Information on vaccine shipments to providers will be electronically transmitted back from the distributor via CDC to DOH. • DOH will make provider specific vaccine shipment data available to LHJs via the Immunization Registry Vaccine Management and Ordering Module or via an excel spreadsheet. • Shipping information regarding individual provider shipments will include: <ul style="list-style-type: none"> • Date vaccine was shipped • To whom the vaccine was shipped (clinic name, address, contact information) • # of doses, product name, lot number and expiration date • Value of the vaccine by antigen (cost per dose) • Order tracking numbers for shipments will be available so that individual shipments can be monitored by the LHJ. • Providers should contact the local health department if vaccine orders are not received within 14 days of order placement. • LHJs will contact DOH to follow-up with the distributor regarding problems with vaccine orders.

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Business Rule	Vaccine Transfers
Delivery and Receiving	<p>LHJs may find it necessary on occasion to coordinate a vaccine transfer resulting in the receipt of vaccine by a provider office.</p> <ul style="list-style-type: none"> • LHJs may coordinate transfers of vaccine to providers from an LHJ clinic, or between providers in their community. • Vaccine transfers may be used as needed to: <ul style="list-style-type: none"> • Manage vaccine shortage situations • Support redistribution of influenza vaccine • Redistribute vaccine with short expiration dates • Meet short term, limited emergency dose needs for providers who have run out of vaccine (e.g., provider has patient in injection room, and no vaccine on hand) • If necessary, or appropriate to the situation, the donor clinic can be replenished through the regular vaccine ordering process. • If necessary, or appropriate to the situation, LHJs will follow-up with providers to ensure appropriate order placement and inventory management to assure immunization services are not interrupted.

Business Rule	Delivery and Receiving of Frozen Vaccines
Delivery and Receiving	<ul style="list-style-type: none"> • LHJs will continue to certify providers for the receipt of frozen vaccines. Frozen vaccines will not be shipped to providers who have not been certified by their LHJ. • Frozen vaccines shipments will be made directly from the manufacturer to the provider. • Frozen vaccine orders should be placed with a provider's regular monthly order and will be processed under the same protocols as other vaccines.

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Business Rule	Use of Alternate Delivery Sites
<p style="text-align: center;">Delivery and Receiving</p>	<ul style="list-style-type: none"> • A designated alternative delivery site may be necessary if circumstances exist that create a high potential for vaccine loss due to inability to deliver: <ul style="list-style-type: none"> • clinics with extremely limited hours of operation • remote locations with limited access • other circumstances as determined by the LHJ or DOH • LHJs and DOH will determine the appropriateness of the use of an alternative delivery and/or storage site for any provider or clinic on a case by case basis. • All alternative delivery and storage sites must be approved by DOH. • Any clinic that stores vaccine must have a VFC personal identification number and a current, signed provider site agreement. • Individual site accountability reporting is required (e.g., doses administered reports, temperature monitoring logs, etc.) and must be provided to the LHJ and/or DOH as appropriate. • Individual site quality assurance activities are required by all sites receiving or administering vaccine from the childhood vaccine program.

Business Rule	Emergency Deliveries
<p style="text-align: center;">Delivery and Receiving</p>	<ul style="list-style-type: none"> • Emergency distribution should be the exception and occur only in the event of an unexpected vaccine loss due to a power-outage or insufficient inventory due to other unforeseeable reasons. • Emergency distribution can be accomplished within 24 hours of submission of an emergency order to the distributor. • Providers must initiate requests for emergency distribution through the LHJ. • LHJs and DOH will expedite order processing to ensure 24 hour turn-around. • (see: Ordering: Emergency Orders for more information)

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	Decision Making Regarding Central Pharmacy Practices
Delivery and Receiving	<ul style="list-style-type: none">• Decisions related to participation in the state childhood vaccine program by organizations using a central pharmacy for vaccine management will be considered on a case by case basis.• DOH will work with LHJs and the organization to establish best practices for vaccine ordering, delivery, quality assurance and accountability.• Central pharmacy practices may require approval of the Centers for Disease Control and Prevention.• The Immunization Registry Vaccine Management and Ordering Module must be used by all central pharmacy organizations.• Central pharmacy organizations may continue to order vaccine for satellite clinics and must ensure that satellite clinic site ship to information is up to date.

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**Vaccine Management
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Quality Assurance and Accountability

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Guidelines	Promoting Best Practices
<p style="text-align: center;">Quality Assurance and Accountability</p>	<ul style="list-style-type: none"> • LHJs are the point of contact for provider reports of vaccine loss. • LHJs will provide follow-up consultation to providers to ensure that remedial action occurs and further incidents are avoided. • LHJs will provide consultation and technical assistance to providers who are not in compliance with accountability reporting or are in violation of any aspect of vaccine quality assurance. • LHJs will determine the best course of action to ensure provider best practices for vaccine quality assurance and accountability are maintained. • LHJs may hold provider orders until accountability issues have been resolved (e.g., missing reports turned in, doses administered updated, etc.) or until completion of other follow-up deemed necessary to ensure correct vaccine storage and use. • LHJs may institute remedial or corrective action for vaccine quality assurance violations in accordance with state guidelines. • DOH is available for consultation regarding vaccine quality assurance and accountability issues.

Business Rule	Ensuring Provider Information is Correct
<p style="text-align: center;">Quality Assurance and Accountability</p>	<ul style="list-style-type: none"> • Provider shipping information should be reviewed by LHJs to ensure it is correct each time an order is placed. • LHJs will update the information via fax, or submitted electronically via the Immunization Registry Vaccine Management and Ordering Module and submit it to DOH. • At the time of enrollment and renewal of the VFC provider Agreement, all contact information should be verified. • Provider information should also be reviewed and updated as part of routinely scheduled provider site visits.

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Business Rule	Processing Vaccine Returns: Basics
Quality Assurance and Accountability	<ul style="list-style-type: none"> • In all cases, the LHJ must be notified of a vaccine returns and the reason for the vaccine return. LHJs should be notified immediately if a vaccine return is the result of a storage and handling incident. • In all cases, vaccine return reports must be submitted to the LHJ from the provider returning the vaccine. LHJs will in turn submit vaccine return reports to DOH. • The vaccine return report will include the vaccine type, lot number, expiration date, and number of doses for all returned vaccines. The reason for the vaccine loss and corrective action will also be included on the form. • All vaccine returns (spoiled or expired vaccine) will be returned to the distributor for excise tax processing by either the provider or LHJ as designated by the LHJ.

Business Rule	LHJ Options for Processing Vaccine Returns
Quality Assurance and Accountability	<p>LHJs should establish one vaccine return policy for the providers in their local health jurisdiction and abide by that policy.</p> <ul style="list-style-type: none"> • LHJs will determine the most appropriate strategy for managing vaccine returns. LHJ options include: <ul style="list-style-type: none"> (1) Providers return spoiled or expired vaccines to the LHJ with a vaccine return report. <ul style="list-style-type: none"> •The LHJ in turn will return vaccine to the distributor for processing. (2) Providers return spoiled or expired vaccines directly to the distributor and submit the vaccine return report to LHJs. • LHJs may consider individual provider storage and handling performance when determining whether the provider should return vaccine directly to the distributor or to the LHJ. • LHJs will provide follow-up consultation on all returns to ensure any necessary remedial action is completed in a timely fashion. • Return tags for shipping will be provided to the entity designated by the LHJ as responsible for returning spoiled or expired vaccine back to the distributor for excise tax processing.

**Washington State Third Party Distribution
Vaccine Management Business Rules and Guidelines**

Business Rule	Vaccine Usage Report: Inventory Tracking
<p style="text-align: center;">Accountability</p>	<p>The <i>Private Providers' Report of Vaccine Usage</i> form (also known as the monthly accountability form) must be submitted by private providers to local health departments by the 5th day of each month.</p> <ul style="list-style-type: none"> • Complete the following information on the <i>Provider's Report of Vaccine Usage</i> form for all state-supplied vaccine received. <ul style="list-style-type: none"> ▪ Enter the number of doses of each vaccine from the previous month's form <i>End of Month Inventory Column</i> into the <i>Beginning of Month Inventory</i> column for the current month. ▪ Enter the number of state-supplied doses received during the month from the DOH via the third party distributor into the <i>Vaccine Added This Month</i> column. ▪ Enter the lot number for each antigen received during the month into the column titled <i>Lot #</i>. ▪ Enter the number of doses wasted or expired during the month into the column titled <i>Vaccine Wasted or Expired</i>. ▪ Enter the number of doses transferred out of your inventory in the column titled <i>Viable Transferred</i>. • LHJs must approve all vaccine transfers. (please see section on vaccine transfers for more information) • LHJs will use this form to report their clinic inventory receipts, wasted, spoiled, expired and vaccine transfers. • LHJ summary reports for vaccine administered by public and private providers will now be captured on the "Summary Doses Administered Public and Private," form.

**Washington State Third Party Distribution
Vaccine Management Business Rules and Guidelines**

Business Rule	Vaccine Usage Report: Physical Inventory
Accountability	<p>The physical inventory must also be recorded on the <i>Private Provider's Report Of Vaccine Usage</i>. A physical inventory of vaccines, by antigen must accompany all provider vaccine orders. A physical inventory of vaccines must be completed at least once a month.</p> <ul style="list-style-type: none"> • Complete the following information on the <i>Private Provider's Report Of Vaccine Usage</i> form for all state-supplied vaccine In inventory: <ul style="list-style-type: none"> • Enter the vaccine count into the column titled <i>End of Month Inventory</i>. • Enter the lot numbers into the column titled <i>Lot #</i>. • Enter the expiration dates into the column titled <i>Expiration Date</i>. • It is recommended that two people count the inventory to assure accuracy, and verify the inventory count. • All state-supplied vaccine in the refrigerator and freezer must be counted. All refrigerator/freezer units, all drawers and boxes, and all containers kept in clinic rooms should be checked and included in the inventory count. • Estimate the number of doses remaining in open multi-dose vials. <i>Please do not measure by physically removing vaccine from the vial with a syringe.</i> <p>IMPORTANT! Please note expiration dates. If doses are due to expire within three months and it is anticipated that the doses will not be used, please call your LHJ vaccine coordinator.</p>

Washington State Third Party Distribution Vaccine Management Business Rules and Guidelines

Business Rule	Vaccine Usage Report: Doses Administered
Accountability	<ul style="list-style-type: none"> • Completing the lower half of the <i>Provider Report of Vaccine Usage</i> to capture the total number of doses of each vaccine administered throughout the month. • Enter the doses administered by age of vaccine recipient for each antigen specific. • Do not use hash marks for this report • If you actively use CHILD Profile Immunization Registry by manually entering your doses administered, the vaccinations administered report generated from CHILD Profile Immunization Registry will meet the requirements for the doses administered portion of the report. • If you are using batch data processing for doses administered, you may be able to use CHILD Profile Immunization Registry to generate the vaccinations administered report to meet the requirement for the doses administered report. • All accountability forms are available electronically or in hard-copy from the local health department or DOH.

Business Rule	Temperature Logs
Accountability	<ul style="list-style-type: none"> • Monthly temperature monitoring logs must be submitted to local health departments by the 15th of the following month. (e.g., temperature log for the month of January submitted by the 15th of February). • Temperatures for both the freezer and the refrigerator must be recorded on the temperature log twice per day. • Frequently checking the temperature throughout the day is the best way to ensure that vaccine remains viable. Frequent temperature checks will allow refrigeration problems to be detected early, and reduce the amount of time vaccine is exposed to inappropriate temperatures. • If temperatures are either too cold or too warm, a storage incident has occurred. Providers should contact the local health department immediately for instructions about responding to the storage incident.

**Washington State Third Party Distribution
Vaccine Management Business Rules and Guidelines**

Guidelines	Records Retention
Accountability	<ul style="list-style-type: none"> Providers and LHJs should refer to their own contracts office or legal advisors for the record retention policies for their agency. The DOH consolidated contract indicates: All books, records, documents, and other material relevant to this Agreement will be retained for six years.

Guidelines	Vaccine Storage Basics
Quality Assurance	<p>Proper vaccine storage and handling equipment, well trained staff with designated back-up, and proper planning are critical tools in maintaining vaccine viability and ensuring the intended protection against vaccine preventable diseases. Making sure that staff are trained to properly monitor vaccine temperatures, are oriented to the temperature log, and are familiar with the clinic's emergency back-up procedures and how to respond to a storage incident will ensure that viable vaccine is always administered to patients, and immunized children are protected from vaccine preventable diseases.</p> <p>Refrigerators: Temperatures should be maintained at 35 - 46° Fahrenheit (F) [2 - 8° Celsius (C)]. Set the refrigerator control at approximately 40° F (5° C) for the best safety margin.</p> <p>Freezers: Temperatures should be maintained at or below 5° F (-15° C). Set the freezer control at approximately at 0° F for the best safety margin.</p> <p>Thermometers: Invest in high quality, certified thermometers, and keep two in each unit and/or compartment to provide a means of confirming the temperature in the unit and/or compartment.</p> <p>Staffing: A primary and back-up staff person fully trained in vaccine storage and handling procedures is the best insurance against unnecessary vaccine losses. Make sure there is always someone in the provider office that is able to play the vital role of ensuring vaccine viability. When there is staff turn-over, make sure that a replacement is trained.</p> <p>Emergency Back-up Procedures: Every organization should have an emergency back-up plan to ensure vaccine is protected in the event there is a failure of the storage unit for any reason. Post the plan on the unit, and train staff to implement the plan well in advance of an actual emergency. More Information on responding to a storage incident is available from your local health department or DOH.</p>

**Washington State Third Party Distribution
Vaccine Management Business Rules and Guidelines**

Guidelines	General Guidelines for Remediation
Accountability	<ul style="list-style-type: none"> • Detailed Guidelines for Remediation are available to LHJs from DOH and may be used to guide LHJ efforts regarding appropriate remedial measures to ensure best practices in vaccine management and immunization practice. These actions may be used to help assure vaccine is used correctly, viable vaccine is always administered to patients and patients are truly protected from vaccine preventable diseases. • LHJs should use their judgment in determining the severity and nature of each vaccine storage and handling, quality assurance, or accountability mishap. The number of incidents, the type of incident, and responsiveness to previous consultation should be considered when determining remediation strategies. • LHJs should ensure that consultation with appropriate individuals within the LHJ (Nursing Director, Health Officer Etc.,) are consulted prior to instituting remediation requiring restitution. • Thorough information gathering and documentation are key to developing the appropriate remediation strategy. • Remedial action should fit the severity and nature of the incident. • A progressive remediation strategy that includes written communication clearly identifying the potential consequences for repeat offenses is recommended.

Washington State Third Party Distribution Vaccine Management Business Rules and Guidelines

	General Guidelines for Remediation Documentation
Accountability	<ul style="list-style-type: none"> Information gathering and remediation strategies for incidents may include any of the following separately or in combination of telephone consultation, or site visits either by the LHJ or a joint site visit by the LHJ and DOH. In all cases, complete documentation by the LHJ of information gathered and action plans is important. In all cases, written communication must be given to the provider with a copy to DOH, that clearly describes the following: <ul style="list-style-type: none"> The current incident An overview of what actions are needed by the provider to ensure that further incidents do not occur, The timeline during which the corrections must occur When the LHJ will follow-up to determine if the corrections have been made The value of the vaccine loss resulting from the incident A clear assessment of whether or not the incident appears to have been the result of negligence A clear statement regarding potential consequences should there be a repeat incident of the same or similar type A summary of the technical assistance provided through an LHJ site visit A summary of technical assistance provided through a joint LHJ DOH site visit Consequences for repeated offenses may vary depending on the nature, severity and number of repeat offenses. Remediation may range from scheduled telephone consultation between the LHJ and the provider to check on practices, to requiring providers to replace vaccines losses occurring due to repeat storage incidents resulting from negligence. DOH is available for consultation regarding remediation.

The **Washington State Third Party Distribution Vaccine Management Business Rules and Guidelines** are intended to support the strong partnership and collaborative efforts of the Department of Health, local health departments, and providers to promote best practices in vaccine management. Together, we ensure that Washington children have access to ACIP recommended vaccines, and are protected against vaccine preventable diseases. For technical assistance and consultation regarding any element of the Guidelines, please contact the State Department of Health Immunization Program CHILD Profile.

Washington State Third Party Distribution Vaccine Management Business Rules and Guidelines

Appendix A: Forms

- **VFC Provider Agreement**
- **Standardized Vaccine Order Form**
- **Frozen Vaccine Certification Form**
- **Vaccine Return Form**
- **Report of Vaccine Use Form**
 - Vaccine Usage Report: Inventory Tracking
 - Vaccine Usage Report: Physical Inventory
 - Vaccine Usage Report: Doses Administered
- **LHJ Doses Administered Public/Private: Summary Report**
- **Temperature Log**



2006

DOH Provider ID Number _____

Local Provider ID Number _____

WASHINGTON STATE DEPARTMENT OF HEALTH IMMUNIZATION PROGRAM

OUTSIDE PROVIDER AGREEMENT FOR RECEIPT OF STATE-SUPPLIED VACCINE

Clinic/Practice Name: _____
on the attached page(s), please list the name, title, and specialty of all health care professionals within this practice who possess a medical license or are authorized to write prescriptions (including yourself if you are a sole practitioner)

Mailing Address: _____

Physical Address (if different from above): _____

City WA State ZIP Code

Telephone: () _____ Fax: () _____

Email address: _____

Contact Name #1: _____ Name #2: _____

Days and times vaccine may be delivered: _____

Type of Facility (please choose one):

- | | | |
|--|---|--|
| <input type="checkbox"/> Private Practice (Individual) | <input type="checkbox"/> Community/Migrant Health Center (C/MHC) | <input type="checkbox"/> Tribal/Indian Health Clinic |
| <input type="checkbox"/> Private Practice (Group) | <input type="checkbox"/> Correctional Facility Health Clinic | <input type="checkbox"/> Family Planning Clinic |
| <input type="checkbox"/> Private Hospital | <input type="checkbox"/> Federally Qualified Health Center (FQHC) | <input type="checkbox"/> School-based Health Clinic |
| <input type="checkbox"/> Public Hospital | <input type="checkbox"/> Rural Health Clinic (RHC) | |
| <input type="checkbox"/> Public Health Department | <input type="checkbox"/> Other _____ | |

As a condition for receiving publicly funded vaccines from the _____ this practice agrees to the **FEDERAL AND STATE REQUIREMENTS** attached. (insert local health jurisdiction name above)

I understand and accept the conditions of this agreement and agree to comply with these requirements on behalf of myself and all the practitioners associated with this medical office. The state Department of Health or the local health jurisdiction may temporarily discontinue the provision of vaccine or may terminate this agreement at any time for failure to comply with these requirements. I may terminate this agreement at any time for personal reasons.

Full name of person signing this agreement (please print)

Title

Signature of Provider or Representative of the Facility

Date

RETURN COMPLETED FORM TO THE LOCAL HEALTH JURISDICTION

DOH 348-022

revised 11/2005

DOH Provider ID Number _____

Local Provider ID Number _____

PROVIDERS WITHIN THE PRACTICE

Please print or type the names, titles, and specialties of health providers who may administer vaccine (including yourself if you are a sole practitioner). Attach copies of the "Providers Within the Practice" sheet if additional space is needed. It is not necessary to include the names of all staff who may administer vaccine; only those who possess a medical license or are authorized to write prescriptions.

Last Name, First, MI

Title (MD, DO, ND, NP, PA)
(Provider must have
prescription writing
privileges)

Specialty
(Peds, Fam Med,
GP, Other (specify))

Last Name, First, MI

Title (MD, DO, ND, NP, PA)
(Provider must have
prescription writing
privileges)

Specialty
(Peds, Fam Med,
GP, Other (specify))

Last Name, First, MI

Title (MD, DO, ND, NP, PA)
(Provider must have
prescription writing
privileges)

Specialty
(Peds, Fam Med,
GP, Other (specify))

Last Name, First, MI

Title (MD, DO, ND, NP, PA)
(Provider must have
prescription writing
privileges)

Specialty
(Peds, Fam Med,
GP, Other (specify))

Last Name, First, MI

Title (MD, DO, ND, NP, PA)
(Provider must have
prescription writing
privileges)

Specialty
(Peds, Fam Med,
GP, Other (specify))

Last Name, First, MI

Title (MD, DO, ND, NP, PA)
(Provider must have
prescription writing
privileges)

Specialty
(Peds, Fam Med,
GP, Other (specify))

Last Name, First, MI

Title (MD, DO, ND, NP, PA)
(Provider must have
prescription writing
privileges)

Specialty
(Peds, Fam Med,
GP, Other (specify))

Last Name, First, MI

Title (MD, DO, ND, NP, PA)
(Provider must have
prescription writing
privileges)

Specialty
(Peds, Fam Med,
GP, Other (specify))

On behalf of myself and all the practitioners associated with this medical office, I agree to comply with the following conditions for receiving state supplied vaccine:

- A. Provide to each patient (parent/guardian) receiving vaccine, a copy of the most current Vaccine Information Statement (VIS).
- B. Record the information listed below on the patient's permanent medical record, and retain this information for a period of ten (10) years following the end of the calendar year in which the vaccine is administered:
- Vaccine administered and dosage
 - Date vaccine is administered
 - Site and route of the injection
 - Date of the VIS form being issued
 - Signature and professional title of person administering the vaccine
 - Address of facility in which the vaccine is administered
 - Manufacturer name and lot number of the vaccine
 - Receipt of current VIS for each vaccine by person (parent/guardian) receiving vaccine
- C. Charge no more than the maximum allowable administration fee of \$15.60 per dose, as established by the federal Centers for Medicare and Medicaid Services (CMS) for children eligible for the Vaccines for Children (VFC) program. *If non-VFC eligible children in my practice are charged more than this amount, I understand this practice will be responsible for developing and implementing a system to screen every child to determine VFC eligibility, and will be required to report these data to the local health jurisdiction and/or the state Department of Health monthly.* **No child will be denied administration of a publicly funded vaccine because of an inability to pay this administration fee.**
- D. Provide the patient (parent/guardian) with a personal immunization record or update his/her existing personal record (for example, Washington Lifetime Immunization Record cards, DOH 348-001, available from the local health jurisdiction).
- E. Use as a guideline for clinical practice, the "Standards for Child and Adolescent Immunization Practices" (endorsed by the Centers for Disease Control {CDC}, American Academy of Pediatrics {AAP}, American Academy of Family Physicians {AAFP}, Advisory Committee on Immunization Practices {ACIP}, and other professional organizations) and the state "Immunization *Guidelines for Use of State-Supplied Vaccine*".
- F. Comply with the appropriate immunization schedule, method of administration, dosage and true contraindications, that are established by the Advisory Committee on Immunization Practice, American Academy of Pediatrics, and the American Academy of Family Physicians, unless in my medical judgment and in accordance with accepted medical practice, I deem such compliance to be medically inappropriate.
- G. Inform patient (parent/guardian) to report, by telephone or in person to the office where the vaccine was administered, any illness or adverse event that occurs within 28 days after receiving an immunization and requires the patient to visit a physician, emergency room, or clinic. Such illness or adverse event must be documented on the Vaccine Adverse Event Reporting System (VAERS) reporting form and reported to the local health jurisdiction within ten (10) days of receiving the information.
- H. Make immunization records available to the local health jurisdiction and the state Department of Health Immunization Program (if requested).
- I. Participate in a site visit by the local health jurisdiction, which may include an immunization assessment (AFIX). Participate in a one-month benchmarking survey project yearly. Complete a provider satisfaction survey (if requested).
- J. Complete the Private Provider's Report of Vaccine Usage form provided by the local health jurisdiction, which includes: the doses of vaccine administered by vaccine type and age group of each patient; doses of vaccine wasted, lost or expired; inventory of vaccine by vaccine type and number of doses.

- K. Ensure that the storage and handling of vaccine is in accordance with the manufacturer's specifications and the guidelines as outlined in the "Guidelines for Vaccine Storage and Handling" (US Dept. of Health & Human Services). Temperature monitoring devices are to be kept in all refrigerator and freezer units that store vaccine. Record temperatures on the Temperature Monitoring Log each day of clinic operation. It is recommended that both the refrigerator and freezer temperatures be recorded at various times of the day. Completed Temperature Monitoring Logs are to be returned monthly to the local health jurisdiction. Failure to comply could result in the discontinuation of the provision of vaccine.
- L. Notify the local health jurisdiction as soon as possible, preferably three months before the expiration date, if it appears that any vaccine will not be used prior to its expiration.
- M. Consult with the local health jurisdiction immediately regarding viability of any vaccine that has been exposed to temperatures *above or below* the recommended range for vaccine storage. Return unopened vials of vaccine that are determined to be nonviable to the local health jurisdiction within thirty (30) days, along with a written report including the reasons for the vaccine loss and measures taken to correct the cause of the loss and to prevent reoccurrence.
- N. Ensure that all staff that administer and handle vaccines are properly trained and receive ongoing education and training on current immunization recommendations. Notify the local health jurisdiction when new staff are hired. It is essential that staff perform duties within their scope of practice. All health care providers need to be in good standing with the State of Washington Department of Health - Health Professions Quality Assurance Commission and federal regulation entities.
- O. Publicly funded vaccine may only be distributed to health care providers legally affiliated with my practice. **Seeking reimbursement for publicly funded vaccines is considered to be fraudulent behavior and will be grounds for denial of state-supplied vaccine.**

DOH 348-022

revised 11/2005

You are encouraged to maintain and utilize a recall system for all patients under three (3) years of age, as part of your vaccine practice.



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Community and Family Health

**ADDENDUM TO 2006 OUTSIDE PROVIDER AGREEMENT
FOR RECEIPT OF STATE-SUPPLIED VACCINE**

The federal government, under direction from Congress and others, has initiated a major campaign to uncover and investigate possible cases of Medicaid fraud and abuse within the Vaccines for Children (VFC) program. These are primarily cases where federal vaccine is given to those not eligible to receive it. Investigations may also focus on intentional improper billing practices or other potentially fraudulent circumstances related to vaccine distribution or administration. Since the state-supplied vaccine you receive is funded through a blend of state and federal funds, your practice may be included in these investigations.

The Department of Health and Human Services (DHHS) and the Office of the Inspector General (OIG) have begun their campaign in seven states. We do not know if or when Washington state might be included in this process, and we will **not** be notified prior to any investigation. Any investigation conducted by DHHS and OIG will **not** be coordinated through the state vaccine program or your local public health agency.

If you have questions about this addendum, please contact your local immunization coordinator or vaccine distribution coordinator.

REQUEST FOR MONTHLY VACCINES



1. Complete the "SHIP TO" address, date ordered, name and telephone number of person responsible for vaccine orders.
 2. Please enter the number of doses distributed out of your depot last month in the **"Doses Distributed Last Month"** column.
 3. Please enter the number of doses you currently have in your depot inventory in the **"Doses On Hand"** column.
 4. Enter the number of doses requested for each vaccine type in the **"Number of Doses Ordered"** column. Quantity shipped will be rounded up to the nearest shipping unit quantity.
 5. Mail or fax complete order form to the Immunization Program using the address or fax number listed.
- NOTE: Most vaccine orders will be shipped within five (5) working days after receiving the request. Vaccines are shipped Monday through Wednesday except when holidays conflict.

Mail or Fax Completed Request To:

**Department of Health
Immunization Program
PO Box 47845**

Olympia, WA 98504-7843

Telephone (360) 236-3481 Fax: (360) 236-3597 ←(New Fax #)

SHIP TO:						
SHIPPING ADDRESS:						
ORDERED BY:		TELEPHONE ()		DATE ORDERED		
VACCINE	DESCRIPTION	DISTRIBUTED LAST MONTH	DOSES ON HAND	VIAL SIZE (DOSES)	DOSES PER SHIPPING UNIT	NUMBER OF DOSES ORDERED
DT (Pediatric)	Diphtheria & Tetanus (children 6 years of age up to the 7th birthday with pertussis contraindication)			1	10	
DTaP	Diphtheria, Tetanus & acellular Pertussis (children 6 weeks of age up to the 7th birthday)			1	10	
HEP A - (Pediatric)	Hepatitis A Pediatric/Adolescent (children 2 years of age up to the 19th birthday)			1	10	
HEP B	Hepatitis B Pediatric/Adolescent (children at birth up to the 20th birthday)			1	10	
Hib	Haemophilus influenza type b Conjugate (children 6 weeks of age up to the 5th birthday)			1	5	
IPV	Enhanced Inactivated Polio Virus (Salk) (children 6 weeks of age up to the 19th birthday)			10	1	
MCV4	Meningococcal Conjugate (Groups A, C, Y & W-135) (Currently restricted due to limited supply: 11 years of age up to the 19th birthday entering college, or who meet high risk criteria.)			1	5	
MMR	Measles/Mumps/Rubella (children 12 months of age up to the 19th birthday or entering college)			1	10	
PCV7	Pneumococcal Conjugate 7-valent			1	5	
Td	Tetanus & Diphtheria			1	10	
Tdap	Tetanus, diphtheria, acellular pertussis (adolescents 11 years of age up to the 19th birthday)			1	10	
VACCINE (High Risk/Special Use)	DESCRIPTION	DISTRIBUTED LAST MONTH	DOSES ON HAND	VIAL SIZE (DOSES)	DOSES PER SHIPPING UNIT	NUMBER OF DOSES ORDERED
INFLUENZA- Fluzone	Split Virus Influenza Vaccine (0.50 mL dose) (Oct-Mar only) (3 years up to the 19th birthday)			10	10	
INFLUENZA- PF	Fluzone Preservative Free Needleless Syringes (children 6 months up to 3rd birthday) (prefilled syringes, no needles)			1 (0.25 ml)	10	
PNEUMO 23	Pneumococcal Polysaccharide 23-valent (high risk children only, 2 years of age up to the 19th birthday)			1	10	

VARICELLA VACCINE PROVIDER REGISTRATION

LHJ _____

DATE _____

PROVIDER SITE NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT PERSON _____ PHONE NUMBER _____

SHIPPING INFORMATION (IF DIFFERENT; **PLEASE - NO PO BOXES**):

SHIPPING ADDRESS _____

CITY _____ STATE _____ ZIP _____

DELIVERY TIMES:

MON _____

TUES _____

WEDS _____

THURS _____

FRI _____

SPECIAL INSTRUCTIONS:

THE FOLLOWING SECTION MUST BE COMPLETED TO RECEIVE VARICELLA VACCINE

CAN FREEZER MAINTAIN A AVERAGE TEMPERATURE OF 5F (-15C) OR COLDER ____ YES ____ NO ____

DOES FREEZER HAVE A SEPARATE, INSULATED DOOR ____ YES ____ NO ____

VARICELLA VACCINE MAY BE STORED IN A NON-FROST FREE FREEZER

WHAT TYPE OF TEMPERATURE MEASURING DEVICE IS USED IN FREEZER:

INDIVIDUAL PROVIDING INFORMATION AT PROVIDER SITE _____

DATE REGISTERED _____

**WASHINGTON STATE DEPARTMENT OF HEALTH
IMMUNIZATION PROGRAM
VACCINE RETURN FORM**

Department of Health
Immunization Program
7745-C Arab RD SE
Olympia WA 98504-7545

Phone: (360) 236-3481
Fax: (360) 236-3597 (NEW FAX #)

Date: _____

LHJ _____

Returned by: _____ Telephone: () _____

Vaccine	Doses Returned	Manufacturer	Lot Number	Expired	Spoiled	Viable
DTaP						
DT (Pediatric)						
TD						
Hib						
PCV 7						
IPV						
MMR						
Hep B						
Hep A - (Pediatric)						
INFLUENZA						
INFLUENZA - PF						
PNEUMO 23						
VARICELLA						

Explain why expired, spoiled or other:

Corrective Action:

1) Please send form back with packaged vaccine.

2) Mark outside of shipping container with florescent green "Vaccine Enclosed" label.

DOH (REV 04/06)



PROVIDER'S REPORT OF VACCINE USAGE

(Report State-Supplied Vaccine Only)

REPORT PERIOD _____

PROVIDER NAME _____

VACCINE	BEGINNING OF MONTH INVENTORY	VACCINE ADDED THIS MONTH	LOT #'s Use back for addt'l #'s	END OF MONTH INVENTORY	LOT #'s Use back for addt'l #'s	EXPIRATION DATE	VACCINE WASTED OR EXPIRED	VACCINE VIABLE TRANSFERRED
DT (Ped)								
DTaP								
HEP A (Ped)								
HEP B (Ped)								
Hib								
INFLUENZA								
INFLUENZA-PF								
IPV								
MCV4								
MMR								
PCV7 (Conj)								
Pneumococcal (Poly)								
Td								
Tdap								
VAR								

For additional lot #'s, use other side.

VACCINE	< 1	1	2	3-5	6	7-10	11-12	13-18	19-24	25-44	45-64	65+	UNK	TOTAL
DT (Ped)														
DTaP														
HEP A (Ped)														
HEP B (Ped)														
Hib														
INFLUENZA														
INFLUENZA-PF														
IPV														
MCV4														
MMR														
PCV7 (Conj)														
Pneumococcal (Poly)														
Td														
Tdap														
VAR														

AUTHORIZED SIGNATURE

FACILITY

DATE

* Hepatitis B may be used for high risk persons up to the 20th birthday.

** Influenza - For children 2 years up to the 19th birthday at high risk due to chronic health condition or household contacts of children less than 24 months of age or persons in high risk categories.

*** MMR - For students entering college who were born in or after 1957.

**** This Report Will Account For Vaccines Previously Issued And Is To Be Submitted Monthly. Failure To Submit Report On Time Could Jeopardize Future Vaccine Supplies.

VACCINE	BEGINNING OF MONTH INVENTORY	VACCINE ADDED THIS MONTH	LOT #'s	END OF MONTH INVENTORY	LOT #'s	EXPIRATION DATE	VACCINE WASTED OR EXPIRED	VACCINE VIABLE TRANSFERRED
DT (Ped)								
DTaP								
HEP A (Ped)								
HEP B (Ped)								
Hib								
INFLUENZA								
INFLUENZA-PF								
(Syringe)								
IPV								
MCV4								
MMR								
PCV7 (Conj)								
Pneumococcal (Poly)								
Td								
Tdap								
VARICELLA								

SUMMARY REPORT: DOSES OF VACCINE ADMINISTERED BY PRIVATE PROVIDERS

(Report State-Supplied Vaccine Only)

HEALTH DEPARTMENT					REPORTED BY			TELEPHONE			MONTH \ YEAR			
VACCINE	NUMBER OF DOSES OF VACCINE ADMINISTERED BY AGE GROUP													
	<1	1	2	3-5	6	7-10	11-12	13-18	19-24	25-44	45-64	65+	UNK	TOTAL DOSES
Private														
DT (Ped)														
DTaP														
Hepatitis A														
Hepatitis B *														
Hib														
Influenza * *														
Influenza PF (Syrng)														
IPV														
MCV4														
MMR * * *														
PCV7 - (Conj)														
Pneumococcal (Poly)														
Td														
Tdap														
Varicella														
Public														
DT (Ped)														
DTaP														
Hepatitis A														
Hepatitis B *														
Hib														
Influenza * *														
Influenza PF (Syrng)														
IPV														
MCV4														
MMR * * *														
PCV7 - (Conj)														
Pneumococcal (Poly)														
Td														
Tdap														
Varicella														

(Signature of person responsible for vaccine management)

(Date)

* Hepatitis B may be used for high risk persons up to the 20th birthday.

** Influenza - For children 2 years up to the 19th birthday at high risk due to chronic health condition or household contacts of children less than 24 months of age or persons in high risk categories.

*** MMR - For students entering college who were born in or after 1957.

Days 1–15

Protect Your Vaccines

Check Temperatures Twice a Day!

TEMPERATURE MONITORING LOG

Mo./Yr.: _____

Clinic Name: _____



Instructions: Place an “X” in the box that corresponds with the temperature. The shaded zones represent unacceptable temperature ranges. If the temperature recorded is in the shaded zone: 1. **Store the vaccine** under proper conditions as quickly as possible, 2. **Call the vaccine manufacturer(s)** to determine whether the potency of the vaccine(s) has been affected, 3. **Call the immunization program at your local health department** for further assistance: (_____) _____, and 4. **Document the action taken** on this log.

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Exact Time of Temp	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm
≥49°F (9.5°C)	<div> <div>WARNING TOO WARM</div> <div>DANGER!!!</div> <div>WARNING TOO WARM</div> </div>															
48°F (8.9°C)	Call your Local Health Department															
47°F (8.4°C)																
46°F (7.8°C)																
45°F (7.3°C)																
44°F (6.8°C)																
43°F (6.2°C)																
42°F (5.5°C)																
41°F (5.0°C)																
40°F (4.5°C)																
39°F (3.9°C)																
38°F (3.4°C)																
37°F (2.7°C)																
36°F (2.3°C)																
35°F (1.7°C)																
34°F (1.1°C)																
33°F (0.6°C)	<div> <div>WARNING TOO COLD</div> <div>DANGER!!!</div> <div>WARNING TOO COLD</div> </div>															
32°F (0.0°C)	Call your Local Health Department															
31°F (-0.6°C)																
30°F (-1.1°C)																
29°F (-1.7°C)																
28°F (-2.3°C)																
≥8°F (-13.4°C)	<div> <div>WARNING TOO WARM</div> <div>DANGER!!!</div> <div>WARNING TOO WARM</div> </div>															
7°F (-13.9°C)	Call your Local Health Department															
6°F (-14.4°C)																
5°F (-15.0°C)																
4°F (-15.6°C)																
≤3°F (-16.1°C)																
Room temp																
Staff Initials																

Days 16–31

Protect Your Vaccines

Check Temperatures Twice a Day!

TEMPERATURE MONITORING LOG

Mo./Yr.: _____

Clinic Name: _____



Instructions: Place an “X” in the box that corresponds with the temperature. The shaded zones represent unacceptable temperature ranges. If the temperature recorded is in the shaded zone: 1. **Store the vaccine** under proper conditions as quickly as possible, 2. **Call the vaccine manufacturer(s)** to determine whether the potency of the vaccine(s) has been affected, 3. **Call the immunization program at your local health department** for further assistance: (_____) _____, and 4. **Document the action taken** on this log.

Refrigerator temperature

Day of Month	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Exact Time																
of Temp	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm
≥49°F (9.5°C)																
48°F (8.9°C)																
47°F (8.4°C)																
46°F (7.8°C)																
45°F (7.3°C)																
44°F (6.8°C)																
43°F (6.2°C)																
42°F (5.5°C)																
41°F (5.0°C)																
40°F (4.5°C)																
39°F (3.9°C)																
38°F (3.4°C)																
37°F (2.7°C)																
36°F (2.3°C)																
35°F (1.7°C)																
34°F (1.1°C)																
33°F (0.6°C)																
32°F (0.0°C)																
31°F (-0.6°C)																
30°F (-1.1°C)																
29°F (-1.7°C)																
28°F (-2.3°C)																

Freezer temp

≥8°F (-13.4°C)																
7°F (-13.9°C)																
6°F (-14.4°C)																
5°F (-15.0°C)																
4°F (-15.6°C)																
≤3°F (-16.1°C)																
Room temp																
Staff Initials																